## LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH SERVICE AREA 7 QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes

Type of Meeting:	SA 7 QIC	Date:	May 24, 2016	
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Blvd. Santa Fe Springs, California 90670	Start Time:	2:00 PM	
Chairpersons:	Antonio Banuelos Caesar Moreno Kari Thompson (Absent)	End Time:	4:00 PM	
Members Present:	Melanie Cain, Jessica Sanchez, Misty Aronoff, Laura Solis, Hsiang-Ling Hsu, Sandy Aldrete, Michelle Barajas Sanchez, Alma Bretado, Francisca Ramos, Nahara Martinez, Ursula Monterroso, Gwen Lo, La-Quesha Robinson, Jennifer Phan, Mike Ford, Joel Solis, Ashlei Sullivan, Mari Yniguez, Tonia Amos Jones, Stephanie Platt, Lucia Cota, Gloria Guevara, Joseph Chavez, Cassandra Peterson, Shivani Patel Escamilla, Raul H. Velasquez, Diana Zarate, Donetta Jackson, Michael Olsen, Antonio Banuelos (Chair), Caesar Moreno (Co-Chair)			
Agenda Item & Presenter	Discussion and Finding		Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome & Introductions	Meeting was called to order at 2:00 pm			Caesar Moreno
Review & Approval of Minutes	Minutes from April, 2016 meeting reviewed		Two corrections made to minutes (addition of two names)  Minutes approved by: Shivani Patel Escamilla Tonia Amos Jones	Caesar Moreno
Announcements	Auditor-Controller Reviews Moss Leevey Reviews		Special Services 5/31/2016 Older Adult FSP (DMH review)	

Presentations	None Noted.	
Quality Improvement Updates	Handouts from Countywide QIC  Change of Provider Logs April, 2016 Provider Logs collected during meeting Reviewed new process for submitting COP monthly logs (handout). Email COP monthly logs to  DMHCOP@dmh.lacounty.gov and cc: Antonio Banuelos at anbanuelos@dmh.lacounty.gov. Logs to be submitted before the 10 <sup>th</sup> of the following month. After the 10 <sup>th</sup> and before the next QIC meeting, Antonio will provide a list of outstanding logs.  Office of Medical Director Directly Operated: Emphasis on healthcare integration with general medicine e-consults. DMH doctors will be able to consult with DHS MDs regarding common chronic medical conditions seen in clients. Process to begin soon. Only 200 DHS doctors in LA County causing patients to wait for months. If DMH psychiatrists provide temporary supplemental Heatlh Services while the client waits to be seen by a DHS doctor, there are discussions regarding possible billing considerations.  Cultural Competency Update Expect a survey within the next 6 months to be distributed. Survey wanting to gauge areas within cultural competency where knowledge and training needs to improve. DMH will hire a consultant to develop a 3 hour cultural competency web based training for Directly Operated staff. Email from	Antonio Banuelos
	Cultural Competency unit will be distributed to SPA 7 providers outlining expectations from legal entities regarding cultural competency training requirements.  EQRO  QI Division offered thanks to participating agencies. Overall review went well. The EQRO reviews will be switched from	

Quality Improvement Updates, continued	April to September to better schedule reviews within the fiscal year. In order to transition to the September EQRO review cycle there will be 2 EQRO sessions within same year in 2017 (April and September). In 2018 we will begin with only September EQRO reviews.  QI Division Update Reviewed 2015 QI Work Plan goals and outcomes Reviewed 2016 QI Work Plan goals (this will be posted on the DMH website). 2015 goals that were not met were only missed by a low percentage. For that reason, 2016 goals were adjusted to include ranges for percentages.  MHSIP surveys were collected from participating agencies.  IBHIS/STATS Proposed that meetings begin to incorporate IBHIS/STATS information, updates and questions. Question: What is best way to look up client information when client was enrolled in IS at previous agency, then new agency uses IBHIS? Hard to identify if client is enrolled in a program when two different systems used. Antonio will review process and respond to group.  Revised Peer Survey and SA QI Report Reviewed highlights from Peer Survey conducted by Office of Family and Consumer Affairs. Also reviewed SA QI survey outcomes.	Look at collaborative to provide possible QI topics for agenda. Also explore having review of difference between QI and QA within QI Meeting.	Tonia Amos Jones  Antonio Banuelos
Quality Assurance Updates	Handouts from Countywide QA  Continuing Care Reform  Residential programs and Foster Family Agencies must now be certified by January 2017. Workgroups facilitating discussions regarding how dual certifications from licensing board and DHCS will be coordinated.		Caesar Moreno

QA Updates continued	State DHCS Updates	Caesar Moreno
	DMH still waiting for response to questions submitted earlier in year (State Documentation Training). MAA implementation plan goes into effect July 2016, however DMH still waiting for feedback from State with regard to additional information and training. Until this happens, nothing will change	
	Organizational Manual	
	Copy of bulletin distributed outlining changes to Organizational Manual. Organizational Manual will soon include addition of procedure codes chapter and changes to scope of practice language.	
	Service Request Log	
	Reminder that there are not to be any waiting lists. It was advised that intake appointments be given even if it is outside the required timeframe.	
	Treatment Plan Reviews	
	<b>Directly Operated</b> : QA Division conducting site visits at DO Clinics to review treatment plans.	
	Practitioner Maintenance	
	Reminder to have agencies enter correct staff role/discipline into PRM system. If this is incorrect, it will hold up or impact billing. QA is in the process of providing further instructions.	
	Excluded Diagnoses/Specialty Services	
	QA Division is aware that there are excluded diagnoses which are currently being used. They are discussing these with the State to see if can transfer to included list. QA Division recommends that agencies develop system to monitor use of excluded diagnoses.	

QA Division looking to better define Specialty Mental Health Services with regard to "significant impairments" as this is typically clinician based and can be subject to various interpretations.

## Questions:

Case is being transferred from one clinician to another. Current clinician and new clinician conduct a home visit to initiate transfer of case. Is this billable?

A client is being transferred back to MHS services from Medication Only Services. Can clinician bill for completing a re-assessment?

Only certain activities can be billed during the assessment period. What if there are supplemental staff involved in case who are providing or need to provide services during this time (i.e. WRAP). Can they bill for those supplemental services during the assessment phase?

Need to look at the context of the session and what each clinician will be doing within the session. What will each be doing (i.e. interventions) as part of working within the treatment plan goals? What is purpose of having two clinicians in session? This will help to determine if services are billable.

If reassessment is being conducted as part of re-evaluating case for treatment needs, then clinician could bill for reassessment. There is technically no limit to assessments, however clinician must show that there was purpose to completing the reassessment.

Some agencies shared that they will not allow WRAP staff to bill until primary clinician has completed the assessment and treatment plan. It was mentioned that until clinician completes assessment/treatment plan, this may prevent supplemental team members from initiating own services. Issue raised of clinician time management and possibly needing to identify what what need to be completed and when so other services can be implemented (complete assessment sooner).

Adjournment	Meeting was adjourned at 4:00 pm	Next meeting: June 21, 2016	

Respectfully Submitted,

Antonio Banuelos & Caesar Moreno & Kari Thompson QIC Co-Chair QIC Co-Chair QIC Co-Chair